Beneficiary Name (Student)

Signature or Stamp of University/College

Registrar's Office

Notice to Declare a Major Area of Study

The beneficiary must submit this notice to MET to declare a major area of study.

Street Address	Beneficiary's Social Security Number
City, State, ZIP Code	Daytime Phone Number ()
Name of University/College	
Signature of Beneficiary (Student)	Date
TO BE COMPLETED BY THE BENE	FICIARY'S UNIVERSITY OR COLLEGE:
TO BE COMPLETED BY THE BENE	FICIARY'S UNIVERSITY OR COLLEGE:
NAME OF DECLARED MAJOR	FICIARY'S UNIVERSITY OR COLLEGE: d for a baccalaureate or associate degree in the major area of
NAME OF DECLARED MAJOR	

Contract Number

MAIL TO: Michigan Education Trust P.O. Box 30198 Lansing, MI 48909

Date